RHEUMATOLOGY
RESIDENT CURRICULUM

I. Introduction

The Rheumatology rotation is structured to give the resident a broad overview of Rheumatology with emphasis on attaining the knowledge and skills needed to become a competent internist. This will be achieved through inpatient and outpatient encounters and didactic sessions.

II. Objectives

A. Common Rheumatic Conditions: The internist should be competent in the independent diagnosis and management of:

1. Degenerative joint disease
2. Crystal-induced arthritis
3. Fibromyalgia
4. Osteoporosis
5. Back pain
6. Common soft tissue rheumatic syndromes including:
   a. Rotator cuff tendinitis
   b. Trochanteric bursitis
   c. Lateral epicondylitis
   d. Achilles tendinitis
   e. Plantar fasciitis
   f. Anserine bursitis
   g. Regional myofascial pain

B. Other Rheumatic Diseases:

1. The internist should be knowledgeable in the diagnosis, early management, and indications for referral of:
   2. Rheumatoid arthritis
   3. Systemic lupus erythematosus
   4. Polymyalgia rheumatica
   5. Giant cell arteritis
   6. Gonococcal and nongonococcal septic arthritis
7. The internist should have a basic understanding of the clinical features of:
   a. Inflammatory myopathy
   b. Scleroderma
   c. Vasculitis
   d. Seronegative spondyloarthropathies

B. Procedural Skills: The internist should be competent in the independent performance of:

1. The complete musculoskeletal exam
2. Knee arthrocentesis
3. Subacromial, trochanteric, and anserine bursa injections
4. Lateral epicondylar injections

B. Diagnostic Testing: The internist should be competent in the ordering and interpretation of:

1. Serologic tests for rheumatic diseases
2. Synovial fluid analysis and use of the polarizing light microscope for crystal detection
3. Plain bone radiographs of joints and spine

II. Educational Experience

A. Rheumatology is primarily an outpatient subspecialty. New patients are generally scheduled at 0900 and 1300. The resident will be expected to see most new patients. Generally, 1 1/4 hours will be allotted for the resident to take the initial history and physical, present the case, and see the patient with staff. The remainder of the time will be used for teaching specific to the case. It is important that the resident start seeing the patient on time, to maximize teaching time. At times, acute or "walk-in" patients will be seen as well, especially if arthrocentesis is needed.

B. The inpatient service provides an opportunity to follow some of the more interesting workups. The resident will see and follow all inpatient consults. He/she is expected to check the “consult box” at least twice a day for new consults.

C. At agreed upon times the resident and staff will meet for informal discussion of fundamental Rheumatology topics including but not limited to:

1. Approach to the Rheumatology Patient
2. Classification of Arthritis
3. Rheumatoid Arthritis
4. Systemic Lupus Erythematosus
5. Seronegative Spondyloarthropathies
6. Soft tissue Rheumatic Disease
7. Crystalline Arthropathies
8. Scleroderma
9. Infectious Arthritis
10. Pharmacology of Rheumatic Disease
11. Serology in Rheumatic Disease

A. The resident, after discussion with staff, will prepare a more formal presentation, not to exceed 10 minutes, about a clinical topic in Rheumatology. This will be presented towards the end of the rotation.

B. The resident should have multiple opportunities to perform arthrocenteses and injections and will demonstrate the ability to use the polarizing microscope prior to successful completion of the rotation.

C. The resident’s recommended reading source should be the “Primer on Rheumatic Diseases”. He/she will also be loaned our “teaching file”, which contains review articles and handouts from which they are free to make copies. Some of these handouts are available on the “G” drive. This file must be returned by the last day of the rotation so that it can be passed on to the next resident.

D. The resident will continue to see his/her own Internal Medicine continuity clinic during the rotation on Tuesday and Thursday afternoons.

II. Critique

Midway and at the end of the Rheumatology rotation an opportunity for mutual constructive criticism will be offered.

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